

AFFIDAVIT TO
DESIGNATE AN OPERATOR
Rule 57.2 Natural Gas Qualification Program

The _____ hereby requests that the Mississippi Public Service
(Name of Municipal/Company)
Commission under Rule 57.2 Natural Gas Qualification Program Section A (6) Operator Qualifications
grant an operators certificate without examination or proof of qualification to:

_____ who is the _____ of
(Name of Operator) (Title of Operator)
_____. _____ has been employed by
(Name of Municipal/Company) (Name of Operator)
_____ since _____
(Name of Municipal/Company) (Date)

and has served in the capacity of _____ since _____.
(Title of Operator) (Date)
_____ has the experience and qualifications to be licensed as gas
(Name of Operator)
supervisor/operator for the _____.
(Name of Municipal/Company)

I, _____ of the _____ do hereby
(Name and Title) (Name of Municipal/Company)
certify that the above information is true and correct. Given under my hand on the _____ day of
_____20____.

(Signature and Title)

(Name of Municipal/Company)

Return to:

Mississippi Public Service Commission
Pipeline Safety Division
PO Box 1174
Jackson, MS 39215-1174
601-961-5485
Fax 601-961-5469